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| FEC<br>FORM 1                            | ORGANIZATION    |              |                          |            |                                                                               |                    |            | Office Use Only  |        |         |        |              |        |       |  |
|------------------------------------------|-----------------|--------------|--------------------------|------------|-------------------------------------------------------------------------------|--------------------|------------|------------------|--------|---------|--------|--------------|--------|-------|--|
| 1. NAME OF<br>COMMITTEE (ir              | ı full)         |              | neck if name<br>changed) |            | mple:If typing, t<br>the lines.                                               | type               | 12F        | E4M              | 5      |         |        |              |        |       |  |
| Progressive                              | e Wom           | en Sili      | con Valle                | ey Fe      | deral PA                                                                      | AC                 |            |                  |        |         |        |              |        |       |  |
| <br>                                     |                 |              | 1 1 1 1 1                |            |                                                                               | 1 1 1              | 1 1        | 1 1              | 1 1    | ı       |        | I I          | 1 1    | . [   |  |
| ADDRESS (number a                        | nd street)      | 1787 Tribut  | e Road, Suite K          |            |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
| Check if address is changed)             |                 |              |                          |            |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
|                                          |                 | Sacrament    |                          |            |                                                                               |                    | CA<br>STAT | _ <br>E <b>_</b> | 958    | 315<br> | ZIF    | <br> -       | DE 🛦   |       |  |
| COMMITTEE'S E-MA                         | AIL ADDRES      | SS           |                          |            |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
| (Check if address is changed)            |                 | PWSVFe       | deral@dean               | eandcor    | mpany.com                                                                     |                    |            |                  |        |         |        |              |        |       |  |
|                                          |                 | Optional Se  | econd E-Mail A           | ddress     |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
|                                          |                 |              |                          |            |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
| COMMITTEE'S WEB  (Check if a is changed) | address         | www.pwsv.o   | ,                        |            |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
| 2. DATE 0                                |                 |              | 016                      |            |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
| 3. FEC IDENTIFIC                         | CATION NU       | MBER ▶       | C                        | C0057293   | 3                                                                             |                    |            |                  |        |         |        |              |        |       |  |
| 4. IS THIS STATEM                        | MENT X          | NEW (N       | I) OR                    |            | AMENDE                                                                        | O (A)              |            |                  |        |         |        |              |        |       |  |
| I certify that I have e                  | examined th     | is Statement | and to the bes           | st of my k | nowledge and                                                                  | belief it i        | s true,    | corre            | ct and | com     | plete. |              |        |       |  |
| Type or Print Name                       | of Treasurer    | Shawnda [    | Deane                    |            |                                                                               |                    |            |                  |        |         |        |              |        |       |  |
| Signature of Treasure                    | er <i>Shawn</i> | da Deane     |                          |            | [Electronically F                                                             | iled]              | Date       | M                | M /    | D       | 2      | / Y          | 2016   | YYY   |  |
| NOTE: Submission of                      |                 |              |                          | -          | ject the person :                                                             |                    |            |                  |        | pena    | ties o | f 2 U.       | S.C. § | 437g. |  |
| Office<br>Use<br>Only                    |                 |              |                          |            | For further information Federal Election (Toll Free 800-424 Local 202-694-110 | Commissio<br>-9530 |            |                  |        |         |        | ORN<br>06/20 |        |       |  |